

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/980485** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4					
5					
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49					
50					
AL	3				
AL					
AL					
AL	1				
AL					
AL	1				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

-1260 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS

-1340 (2-70)

***MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS**

U.S. DEPARTMENT OF COMMERCE
1950 U.S. CENSUS